

CHAPTER I

INTRODUCTION

1.1 Background and significance

Lao PDR still maintains the low HIV prevalence (0.02%) in general population, while high HIV prevalence still exists in five neighboring countries. Thailand has over 2 percent HIV prevalence among general population (1), 17 percent among direct CSW (2); Vietnam has 0.24 percent HIV prevalence among adults population in 1999 (1), 20 percent among CSW in Ho-Chi-Minh city in 2000, and 77 percent among STDs in 1999 (3); Cambodia has over 4 percent HIV prevalence among adult population and 42.6 percent among CSW in 1998 (1); China has HIV prevalence among adults population less than 0.1 percent in 1999, over 70 percent among CSW in Yunnan and Guangxi in 2000 (3); Myanmar has HIV prevalence among adults population over 1 percent in 1999, 18 percent among CSW (1), and 50 percent among injecting drug users in 1999 (3).

Increased social economic development and linkage between Laos and these countries, will pose Laos to warming stage of a potential risk of HIV epidemic, especially increasing of mobile population within and between the countries. Mukdahan in northeast part of Thailand immigration control figures from 1998 show 20,438 people crossing from Thailand into Laos and 32,693 entering Thailand from Laos although this does not give any indication of nationality or length of stay (4).

Savannakhet province is located at the central part of Lao PDR, with size of 21,774 km². It has a population of 748,651 and population density of 34.4/km² (5). It shares borders with Thailand in the west (especially Mukdahan province) and Vietnam in the east, where migration steadily increases year by year, particularly cross-border with Thailand. Compared to the other provinces in Lao PDR, it has a wider spread of HIV infection. Its HIV prevalence was 3.6 percent. Since testing began in 1993- October 1999 of 6,430 samples included blood donors, patients, Lao returnees from Thailand, bar workers, students, military, police, labors, employees, pregnant women, long distance drivers, prisoners, villages, volunteers and unemployed in Savannakhet province were tested, and 233 have tested HIV positive (5). A majority of the people with HIV are male aged 20-39, and the primary mode of transmission is through heterosexual intercourse. There are signs that the number of PLWHA is increasing (6).

In 1996 UNICEF report suggests roughly 15,000 young illegal migrants from Savannakhet annually seek work in Thailand (7). According to the report of Savannakhet province, there were 9,000 Laotians from Savannakhet migrated to work in Thailand in the year 2000. Among them 4,265 (47.4%) were from Champorn district. This district had the highest number of migrants who came to work in Thailand than any other district of Savannakhet province (8). People movement and migration can increase risk of HIV transmission. Some Lao people, who have ever worked in Thailand, might be infected with HIV after that they returned to their country. These people may transmit the disease to the other people if they still had sexual risk behavior (e.g. having sex with many partners without

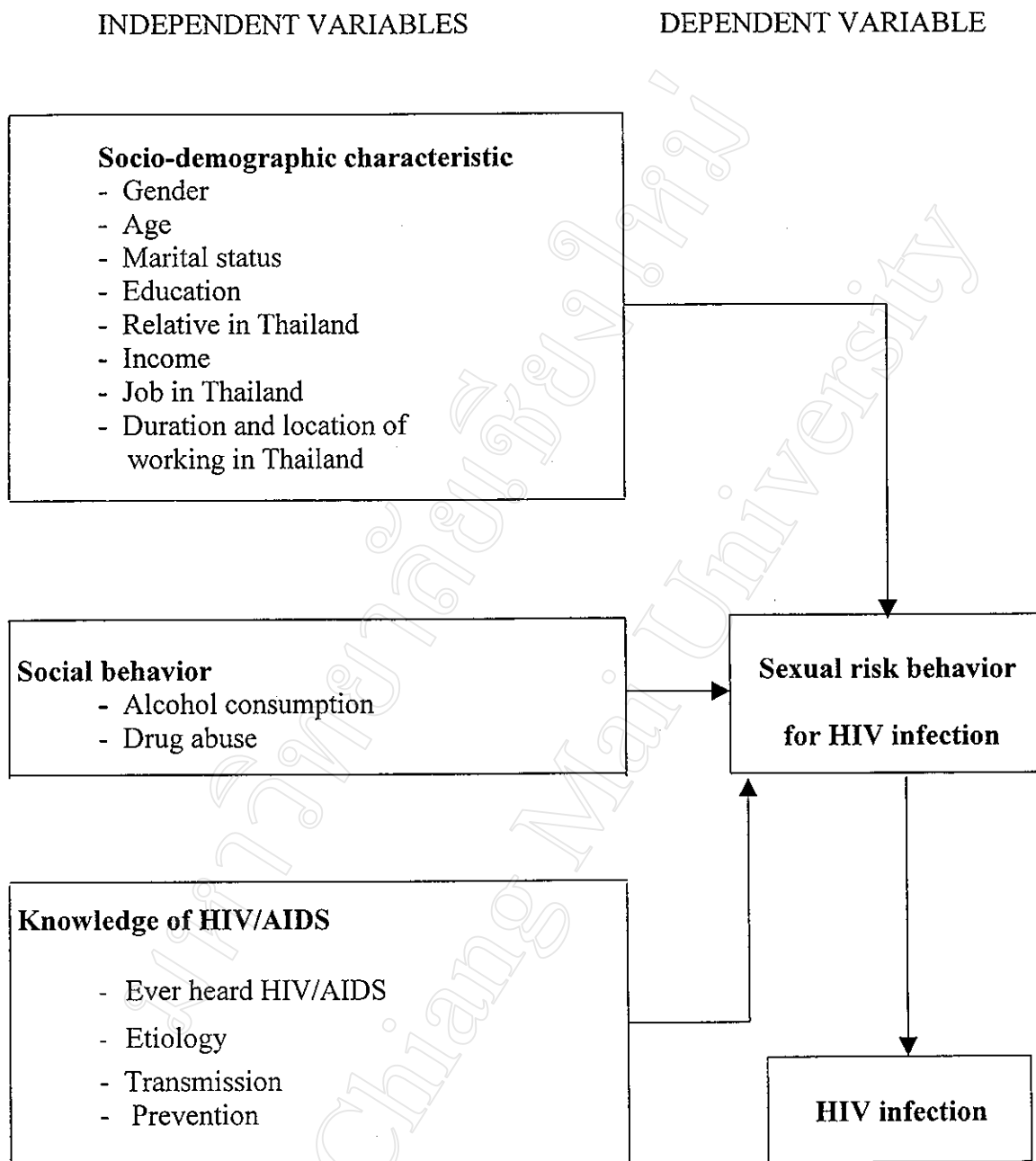
condom). Due to they spend long periods of time away from their family and have the opportunity to have multiple sex partners including CSW.

The investigator has therefore, selected Savannakhet province to conduct a study on prevalence of HIV infection and related factors for the transmission of the disease among Lao migrants working periodically in Thailand.

1.2 Objectives

- To determine the prevalence of HIV infection among Lao migrants working periodically in Thailand.
- To determine the factors associated with HIV prevalence among Lao migrants working periodically in Thailand.
- To study the association between socio-demographic, knowledge, social behavior among Lao migrants working periodically in Thailand and their sexual risk behavior for HIV infection.

1.3 Conceptual framework



1.4 Operational definitions

1.4.1 Socio-demographic characteristics

- Gender: Male and Female.
- Age: 15-35 years old.
- Marital status: Single, married, divorced and windowed.
- Education: Illiterate (no education), primary school, Junior school, senior school and university.
- Religion: An organized system of beliefs on ritual centering on a supernatural being. Buddhist, Christian, Muslim, or others.
- Ethnicity: Lao loum, Lao theung, and Lao sung.
- A permanent resident: Name of district.
- Occupation in Laos: Trader, Farmer, Employee, Unemployed.
- Job in Thailand: Factory worker including (Shoes factory worker/Toys factory worker/Tailor factory worker/Plastic factory worker), House keeper (Maid/House keeper), Mobile trader, Farmer, Fishermen.
- Having relative in Thailand: The Lao migrants in this project, who have relative in Thailand. (showed that one reason of Lao migrants to work easy in Thailand).
- Income in Laos: Total monthly income of target population. (Showed that, if the total monthly income low, is one reason of target population search for working in Thailand).
- Location of working in Thailand classified by 6 parts: Bangkok,

Central part 6 provinces (Samutprakan, Samutsakhon, Nonthaburi, Nakhonpathom, Suphanburi, Nakhonnayok), Northeastern part 9 provinces (Nongkhai, Loei, Khonkaen, Mukdahan, Mahasarakham, Ubonratchathani, Buriram, Sisaket, Nakhonratchasima), Southern part 1 province (Nakhonsithammarat), the Western part 3 provinces (Ratchaburi, Petchaburi, Prachuapkhirikhan) and the Eastern part 2 provinces (Chanburi, Chonburi).

1.4.2 Past illness of STDs

Who had one or more than one symptoms of STDs in the lifetime will be defined as that person got STDs disease.

1.4.3 Sexual risk behavior

High sexual risk behavior being defined as those who having sex with or being casual partner or CSW. Low sexual risk behavior being defined as those who having sex with regular partner. Those who never had sex are defined as no risk. Informal regular partner includes person who having sex with his/her regular partner who is not his/her spouse. Casual partner means a sex partner who is not a commercial or informal regular partner. CSW is a person whom the respondent paid money in exchange for sex.

1.4.4 Knowledge toward HIV/AIDS

Being able to tell the cause of HIV/AIDS, the mode of transmission, the curative, and prevention of HIV/AIDS infection. The respondents who answer correctly regarding basic knowledge on HIV/AIDS 8 to 10 questions are classified in high knowledge group, 5 to 7 questions in medium knowledge group and less than 5 questions in low knowledge group.

1.4.5 Attitude and preventive measure

A general predisposition to respond positively or negatively towards an object or person. In this study attitude is the opinion or belief of target population toward HIV/AIDS prevention, protection from HIV/AIDS and sexual risk behaviors by using condom.

1.4.6 Source media on HIV/AIDS information

The study defines location of source media on HIV/AIDS information from friend, health worker, teacher, radio, television, video, poster and pamphlet.

1.4.7 History of HIV testing

The study would like to know whether or not the target population have ever checked their blood during the past year. How many times of blood checking, where is the location of checking, reason of checking, and result of testing in each time. (If the result is positive or negative, the study could compare when the target population get HIV infection.)